

Examiner Name

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<p>0010/PTO Rev. 6/95</p> <p style="text-align: center;">U.S. Department of Commerce Patent and Trademark Office</p> <h2 style="text-align: center;">DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</h2> <p> <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing </p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Attorney Docket Number</td> <td style="width: 50%;">H 3294 PCT/US</td> </tr> <tr> <td>First Named Inventor</td> <td>Hoeffkes, Horst</td> </tr> <tr> <td colspan="2" style="text-align: center;"><i>COMPLETE IF KNOWN</i></td> </tr> <tr> <td>Application Number</td> <td></td> </tr> <tr> <td>Filing Date</td> <td></td> </tr> <tr> <td>Group Art Unit</td> <td></td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> </table>	Attorney Docket Number	H 3294 PCT/US	First Named Inventor	Hoeffkes, Horst	<i>COMPLETE IF KNOWN</i>		Application Number		Filing Date		Group Art Unit		Examiner Name	
Attorney Docket Number	H 3294 PCT/US														
First Named Inventor	Hoeffkes, Horst														
<i>COMPLETE IF KNOWN</i>															
Application Number															
Filing Date															
Group Art Unit															
Examiner Name															

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AGENT FOR COLORING KERATINACEOUS FIBERS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

12/14/1999

as United States Application Number or PCT International

Application Number

PCT/EP99/09901

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
198 59 800.9	Germany	12/23/1998	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington DC 20231.

DECLARATION

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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365 of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP99/09901	12/14/1999	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name Customer Number or label

☒ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
Wayne C. Jaeschke	21,062		
Glenn E. J. Murphy	33,539		
Stephen D. Harper	33,243		
Kimberly R. Hild	39,224		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number or label 00423 OR ☒ Fill in correspondence address below

Name	Kimberly R. Hild						
Address	Henkel Corporation						
Address	2500 Renaissance Blvd, Suite 200						
City	Gulph Mills			State	PA	Zip	19406
Country	USA	Telephone	610-278-4964		Fax	610-278-6548	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	Horst	Middle Initial		Family Name	Hoeffkes	Suffix e.g. Jr.	
Inventor's Signature						Date	
Residence: City	Duesseldorf	State		Country	Germany	Citizenship	Germany
Post Office Address	Carlo-Schmid-Str. 113						
Post Office Address							
City	40595 Duesseldorf	State		Zip		Country	Germany
						Applicant Authority	

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

DECLARATION

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U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
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☐ Firm Name Customer Number or label

☒ List Attorney(s) and/or agent(s) name and registration number below:

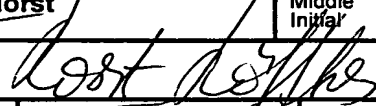
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Address	2500 Renaissance Blvd, Suite 200						
City	Gulph Mills	State	PA	Zip	19406		
Country	USA	Telephone	610-278-4964		Fax	610-278-6548	

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Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	Horst	Middle Initial		Family Name	Hoeffkes	Suffix e.g. Jr.	
Inventor's Signature					Date	August 1, 2001	
Residence: City	Duesseldorf	State		Country	Germany	Citizenship	Germany
Post Office Address	Carlo-Schmid-Str. 113						
Post Office Address							
City	40595 Duesseld rf	State		Zip		Country	Germany
Applicant Authority							

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Doris	Middle Initial		Family Name	Ob rk busch	Suffix e.g. Jr.			
Inventor's Signature	<i>Doris Oberkoberich</i>				Date	August 1, 2001			
Residence: City	Duesseldorf	State		Country	Germany	Citizenship	Germany		
Post Office Address	Aufm Rott 81								
Post Office Address									
City	40591 Duesseldorf	State		Zip		Country	Germany	Applicant Authority	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	David	Middle Initial		Family Name	Rose	Suffix e.g. Jr.			
Inventor's Signature					Date				
Residence: City	Hilden	State		Country	Germany	Citizenship	Great Britain		
Post Office Address	Am Eichelkamp 223								
Post Office Address									
City	40723 Hilden	State		Zip		Country	Germany	Applicant Authority	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Melanie	Middle Initial		Family Name	Hitz	Suffix e.g. Jr.			
Inventor's Signature	<i>Melanie Hitz</i>				Date	August 1, 2001			
Residence: City	Dormagen	State		Country	Germany	Citizenship	Germany		
Post Office Address	Platanenstr. 10								
Post Office Address									
City	41542 Dormagen	State		Zip		Country	Germany	Applicant Authority	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.			
Inventor's Signature					Date				
Residence: City		State		Country		Citizenship			
Post Office Address									
Post Office Address									
City		State		Zip		Country		Applicant Authority	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto									

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name	D ris	Middle Initial		Family Name	Oberkobusch	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City	Duesseldorf	State		Country	Germany	Citizenship	Germany
Post Office Address	Auf'm Rott 81						
Post Office Address							
City	40591 Duesseldorf	State		Zip		Country	Germany
						Applicant Authority	

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name	David	Middle Initial		Family Name	Rose	Suffix e.g. Jr.	
Inventor's Signature	<i>David Rose</i>				Date	August 1, 2001	
Residence: City	Hilden	State		Country	Germany	Citizenship	Great Britain
Post Office Address	Am Eichelkamp 223						
Post Office Address							
City	40723 Hilden	State		Zip		Country	Germany
						Applicant Authority	

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name	Melanie	Middle Initial		Family Name	Hitz	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City	Dormagen	State		Country	Germany	Citizenship	Germany
Post Office Address	Platanenstr. 10						
Post Office Address							
City	41542 Dormagen	State		Zip		Country	Germany
						Applicant Authority	

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
						Applicant Authority	

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